Please type a plus sign (+) inside this box \longrightarrow +

DECLARATION FOR UTILITY OR

DESIGN

Jeffrey Alan Millington

60314-226

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Attorney Docket Number

First Named Inventor

PATENT APPL	cc	COMPLETE IF KNOWN						
(37 CFR 1	Application Nur	mber	10 / 088,017	╛				
		Filing Date	March 1	3, 2002				
Submitted OR	Declaration Submitted after Initia Filing (surcharge	Group Art Unit						
with Initial Filing	(37 CFR 1.16 (e)) required)	Examiner Name	е .					
					_			
As a below named inventor, I hereby declare that:								
My residence, mailing address, an	nd citizenship are as state	ed below next to my nar	ne.					
	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
NAVIGATION SYSTEM WI	NAVIGATION SYSTEM WITH USER INTERFACE							
the specification of which	(Ti	tle of the Invention)						
is attached hereto								
OR		as United S	tates Application N	Number or PCT International	ı			
was filed on (MM/DD/YYYY)	<u>-</u>			(if applicable).	ı			
Application Number 10/088,0	17 and was ar	mended on (MM/DD/YY	YY)					
I hereby state that I have reviewe amended by any amendment spe	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.							
I acknowledge the duty to disclos in-part applications, material infor PCT international filing date of the	mation which became av	/ailable between the filir	s defined in 37 CF ng date of the prior	R 1.56, including for continuation- r application and the national or				
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO				
CT/US/09779 PCT Mar		May 5, 1999	0000	0000				
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.								
Application Number(s) Filing Date (MM/DD/YYYY) Additional, provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.								

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box \longrightarrow +

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — U	Jtility or	Design	Patent	Application
-----------------	-------------------	--------	---------------	--------------------

	Customer Nu or Bar Code I				ORV	Correspondence address below
John E. Carlson Name						en e
Address 400 W. Maple Road						
Suite 350						
Birmingham City				State 1	Michigan	z _{IP} 48009
United States		Telephon	(248)	988-83	360	(248) 988-8363 Fax
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
) NAME OF SOLE OR FIRST INV	ENTOR:			A petitic	on has been file	ed for this unsigned inventor
Given Name <u>Jeffrey Alan</u> (first and middle [if any])				Family N or Surna		<u>ا</u>
Inventor's Jeffry Alan //	ndinjle	2 M		MI	•	Date 8/28/2002
Residence: City Rochester Hills			State MI	1,1	USA Country	USA Citizenship
Mailing Address 3390 Greenwood Dr	rive					
Mailing Address						
City Rochester Hills	MI State			ZIP 483	3309	Country
NAME OF SECOND INVENTOR	•			A petitic	on has been file	ed for this unsigned inventor
Given Name (first and middle [if any]) Kenneth Glenn				Family Name Maxwell or Surname		
Inventor's Signature Date						
Residence: City Port Huron State			State MI		USA Country	USA Citizenship
Mailing Address 3022 Lindsay Lane						
Mailing Address						
City Port Huron	MI State			ZIP 480	060	Country
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.						

PTO/SBA11 (10-00)

Approved for use through 18/31/2002, OME 0651-032

U.S. Fateni and Tradendin Office U.S. DePARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collector of information unuses a contains a velo CMR control number. DECLARATION — Utility or Design Patent Application Customer Number OR 🗹 Direct all correspondence to: Consepondence address below or Bar Code Label John E. Carlson Name 400 W. Maple Road Suite 350 Address Birmingham Michigan 48009 (248) 988-8363 (248) 988-8360 United States Country Telephone hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wittlu false statements and the like so made are punishable by fire or impresentants hout, under 18 U.S.C. 1001 and that such will-life statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor NAME OF SOLE OR FIRST INVENTOR: Given Name Femily Name Millington Jeffrey Alan (first and middle [if any]) Of Burname inventor's Signature Date Residence: City Rochester Hills State MI USA Country Citizenship Mailing Address 3390 Greenwood Drive Malling Address Rochester Hills USA 48309 **State** Country A petition has been filled for this unsigned inventor NAME OF SECOND INVENTOR: Family Name Maxwell first and middle [if sny]) Kenneth Glenn or Sumana unt & Mayard inventor's Date 9-3-02 Signature Croswell USA Residence: City Ckizenship



Meiling Address 5886 Wellman Line Road

Additional inventors are being named on the

Mailing Address Croswe:

[Page 2 of 2]

MI

48422

supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

21P

USA

Please type	a plus sign (+) inside this box	\longrightarrow	+

PTO/SB/02A (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 4

Name of Additional Joint Inventor, if a	ny:		A petition has been fil	ed for t	this unsigned inventor		
Given Name (first and middle [if any])			Family Na	me or S	Sumame		
Michael		Mou	ser				
Inventor's Signature Museul M	form	74 	Date 3/22/02				
Residence: City Ortonville	MI State	<u> </u>	Country		USA Citizenship		
2451 Clinton Hills Road Mailing Address							
Mailing Address			· 				
City Ortonville	State MI		ZIP 48462	Count	ry ^{USA}		
Name of Additional Joint Inventor, if ar	ıy:		A petition has been file	d for th	is unsigned inventor		
Given Name (first and middle [if any]	<u>)</u>	-	Family Name or Sumame				
Inventor's Signature					Date		
Residence: City	State		Country		Citizenship		
Mailing Address			<u> </u>				
·					. ·		
Mailing Address			1	T			
City	State		ZIP	Cou	intry		
Name of Additional Joint Inventor, if a			A petition has been filed				
Given Name (first and middle [if any]))		Family Name or Surname				
Inventor's Signature					Date		
Residence: City	State		Country		Citizenship		
Mailing Address							
Mailing Address							
City	State		710		· ·		

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.



DECLARATION

REGISTERED PRACTITIONER INFORMATION (Supplemental Sheet)

Name	Registration Number	Name	Registration Number			
Theodore W. Olds John E. Carlson David J. Gaskey Kerrie A. Laba William S. Gottsch alk David L. Wisz Karin H. Butchko John M. Siragusa	33.080 37,794 37,139 42,777 44,130 46,350 45,864 46,174					
Anthony P. Cho	47,209					
·						

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

